

Risk Reduction Observation: Initial Session

Risk Reduction Specialist: _____ Observer: _____

Session Date: _____ Site/Location: _____

Start Time: _____ End Time: _____ Total Time: _____

Instructions: Please check the *Met* column to show that the area was covered satisfactorily during the session. Put a check in the *Not Met* column to show that the Risk Reduction Specialist (RRS) tried to cover a topic but needs improvement, and put a check in the *Not Tried* column to show that the RRS did not try to cover the topic at all. Put a check in the *N/A* column if the topic was not applicable (e.g. testing information for clients not testing). Use the *Comments* space to give more detail.

| Introduce and Orient Client to the Session | | Met | Not Met | Not Tried |
|--|---|-----|---------|-----------|
| | Introduce yourself to client. | | | |
| | Explain your role as a RRS. | | | |
| | Indicate the duration of the session. | | | |
| | Outline content of session (exploration of HIV/STD/HCV risks; identification of challenges to RR; discuss strategies to reduce risk). | | | |
| | Introduce idea of referrals. | | | |
| | Introduce concept of confidentiality. | | | |
| | Address immediate questions and concerns. | | | |
| Comments: | | | | |

| Enhance Client's Self-Perception of Risk | | Met | Not Met | Not Tried | N/A |
|--|---|-----|---------|-----------|-----|
| | Discuss reason for visit. | | | | |
| | Listen for and identify behaviors that are putting the client at risk for HIV/STD/HCV. | | | | |
| | Direct client's attention toward risk behavior. | | | | |
| | Assess client's level of concern about having/acquiring HIV/STD/HCV. | | | | |
| | Discuss client's test history and behavioral changes in response to previous tests. | | | | |
| | <i>If previous HIV test result was negative, assess if client engages in risky behavior because of a previous negative test result.</i> | | | | |
| | Identify and address examples of mixed feelings or conflict between client's beliefs and behaviors. | | | | |
| Comments: | | | | | |

| Explore the Specifics of Most Recent Risk Incident | | Met | Not Met | Not Tried |
|--|--|-----|---------|-----------|
| | Explore who, what, where, when, how of most recent risk exposure. | | | |
| | Assess level of risk acceptable to the client. | | | |
| | Assess communication about sexually transmitted or bloodborne infections with partners. | | | |
| | Identify circumstances or situations that contribute(d) to risk behavior. | | | |
| | Identify vulnerabilities and triggers to the risk behavior incident. | | | |
| | Assess client's patterns of risk behavior (chronic, episodic, incident). | | | |
| | Identify and address examples of mixed feelings about RR and/or conflict between beliefs and behavior. | | | |
| Comments: | | | | |

| Review Previous Risk-Reduction Experiences | | Met | Not Met | Not Tried |
|--|--|-----|---------|-----------|
| | Identify successful attempts at RR. | | | |
| | Identify obstacles to RR. | | | |
| | Explore triggers/situations that increase the likelihood of high-risk behavior. | | | |
| | Explore client's communication with friends/partners about risk. | | | |
| | Discuss client's level of acceptable risk. | | | |
| | Identify and address examples when client's beliefs and behavior are at odds or examples when feelings are mixed about RR. | | | |
| | Explore client's perception of community and peer norms related to RR and encourage the client to state his/her attitudes and beliefs about risk behavior. | | | |
| Did the RRS review and support previous RR experience? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments: | | | | |

| Synthesize Risk Incident and Risk Pattern | | Met | Not Met | Not Tried | N/A |
|---|--|-----|---------|-----------|-----|
| | Summarize the information the client provided. | | | | |
| | Place risk behavior in the larger context of client's life. | | | | |
| | Provide feedback to client concerning his/her risk for HIV/STD/HCV. | | | | |
| | Note any frequency (pattern) of risk behavior. | | | | |
| | Identify key triggers/vulnerabilities. | | | | |
| | <i>If applicable</i> , convey concern and urgency about client's risks. | | | | |
| | <i>Using identified risk</i> , address examples when client's beliefs and behavior are at odds or when feelings are mixed about changing behavior. | | | | |
| Encourage and support the client in addressing risk issues. | | | | | |
| Comments: | | | | | |

| Negotiate a RR Step | | Met | Not Met | Not Tried |
|--|---|-----|---------|-----------|
| | Explore behavior(s) that the client is both motivated and capable to change. | | | |
| | Identify a SMART step toward changing the identified behavior. | | | |
| | Break down the RR action into specific and concrete steps. | | | |
| | Identify supports or barriers to the RR step. | | | |
| | Problem-solve issues concerning the step (<i>role play may be appropriate here</i>). | | | |
| | Confirm with client that the step is reasonable and acceptable. | | | |
| | Acknowledge that the step is a challenge and that there will be an opportunity to review it in the follow-up session. | | | |
| | Ask the client to try to be aware of strengths and weaknesses in the step while trying it out. | | | |
| | Document the RR step with a copy to RRS and client. | | | |
| Did the RRS help the client develop a realistic RR step? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Did the step address HIV/STD/HCV risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step appropriate to the client's risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the step SMART? <input type="checkbox"/> Yes <input type="checkbox"/> No Did the step work from the client's strengths? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the step something that can be attempted before the client comes back in? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: | | | | |

| Identify Sources of Support and Provide Referrals | | Met | Not Met | Not Tried | N/A |
|---|--|-----|---------|-----------|-----|
| | Assess client's support system. | | | | |
| | Address the longstanding or tough-to-manage issues contributing to risk. | | | | |
| | Assess the client's willingness to seek professional help/use a referral. | | | | |
| | Evaluate what types of referral the client would be most receptive to. | | | | |
| | Recognize the challenges of behavior change. | | | | |
| | <i>If applicable</i> , provide appropriate referrals. | | | | |
| | Did the RRS identify sources of support and provide referrals? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments: | | | | |

| | | | | | |
|-----------------------|---|-----|---------|-----------|-----|
| Support Test Decision | | Met | Not Met | Not Tried | N/A |
| | Discuss cost/benefit of testing at this time. | | | | |
| | Address the anticipated feelings and strategies for coping with test results. | | | | |
| | Explore the relationship between testing and risk behavior. | | | | |
| | Present anonymous and confidential testing options (this option available for HIV only). | | | | |
| | <i>If testing</i> , introduce partner elicitation. | | | | |
| | <i>If testing</i> , review with the client the follow-up schedule for receiving test results. | | | | |
| Comments: | | | | | |

| | | | | |
|---------------------------------|---|-----|---------|-----------|
| Summarize and Close the Session | | Met | Not Met | Not Tried |
| | Summarize the RR session. | | | |
| | Identify ways for the client to remember follow-up events. | | | |
| | Review client and RRS contact information. | | | |
| | Emphasize the importance of returning for result(s). | | | |
| | Close the session. | | | |
| | Did the RRS provide an appointment for results and reminders? <input type="checkbox"/> Yes <input type="checkbox"/> Tried to, but needs improvement <input type="checkbox"/> Didn't try Comments: | | | |

Instructions: For the following section, mark those skills, concepts and components the RRS used well in the first column, the skills she/he tried, but needs improvement on in the second column, and those skills she/he could have used but didn't in the third column.

| Use of Counseling Skills, Concepts, and Components | | Used Well | Needs Improvement | Could have used but didn't |
|--|--|-----------|-------------------|----------------------------|
| | Kept client's emotional status in mind. | | | |
| | Maintained focus on risk reduction. | | | |
| | Redirected client when necessary. | | | |
| | Used open-ended questions. | | | |
| | Used active listening techniques. | | | |
| | Gave information simply. | | | |
| | Was nonjudgemental. | | | |
| | Offered options, not directives. | | | |
| | Provided opportunities for client to build skills. | | | |
| | Supported client. | | | |
| | Summarized and closed the session. | | | |
| | Comments: | | | |

What things interfered with or supported the risk reduction session (e.g. setting, interruptions)?

What things enhanced the quality and outcome of the session?

What things could have been done better in this session?

Describe the RRS's use of the protocol.

Is there a need for an action plan for further improvement of RR work? ☐ Yes ☐ No If yes, please describe.

Did the RRS follow the goals in the correct order? ☐ Yes ☐ No If no, describe why.